

# OPERATION: MILITARY KIDS

DVEM - Family Program Office  
State House Station #33  
Augusta, Maine 04333-0033



## Day Camper, Camper, & Cadet 2006 Applications

The Maine National Guard Youth Camp is designed to offer an active, healthy environment where Guard children will grow in confidence, character, and friendships with other Guard children. Activities include rappelling, archery, kayaking, confidence course, overnight bivouacs, arts & crafts, hiking, and swimming.

The 6th Annual Maine National Guard Youth Camp will be held in **TWO** sessions for 2006:

DATE	CAMP	AGES
9-15 July	Youth Camp Day Camp	Children ages 9-12 on 1 July 2006 Children ages 5-8 on 1 July 2006
16-22 July	Cadet Program Youth Camp Day Camp	Children ages 13-14 on 1 July 2006 Children ages 9-12 on 1 July 2006 Children ages 5-8 on 1 July 2006

Each session will take place at Bog Brook Training Site, Gilead, ME and is open to Guard Kids. "Guard Kids" are children (whether natural, adopted, or step children) of a current member of the Maine National Guard. In an effort to embrace children of other branches, an exception will be made for children of deployed Reserve units in Maine.

Applications must be received at the above address no later than **1 May 2006**. If a form is not complete, it will be sent back to you. Each Camper is required to pay a \$50 activity fee which must be filed with his/her application. The first two children from each family will pay the full price of \$50 with the remaining children receiving a \$10 discount. Refunds for cancellations will be available up to June 1st. There will be scholarships available for families who cannot pay this fee. If this applies to you, simply send in application with a note requesting financial assistance. Make checks payable to MENG Youth Camp. If we have such an overwhelming response that we do not have room for all the children, we will conduct a lottery.

If you have any questions regarding Youth Camp 2006, please contact Rick Bach of the Family Program office at 1-800-581-9989 or (207) 626-4384 or you may email Richard.Bach@us.army.mil.

Encl  
Application

RICK BACH  
Child & Youth Services Specialist  
State Family Program

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## I would like to attend:

\_\_\_ Day Camper Session 1 – 9-15 July '06 (Age 5-8)

\_\_\_ Day Camper Session 2 – 16-22 July '06 (Age 5-8)

\_\_\_ Camper Session 1 – 9-15 July '06 (Age 9-12)

\_\_\_ Camper Session 2 – 16-22 July '06 (Age 9-12)

\_\_\_ No preference (either week) (Age 9-12)

\_\_\_ Cadet – 16-22 July '06 (Age 13-14)

\* ages on July 1<sup>st</sup>, 2006

## Category: (Check all that apply)

☐ Parent is/was mobilized in FY06

☐ Parent was mobilized in FY05

☐ First time camper at Bog Brook

☐ I Camped at Bog Brook before

☐ I was a Day Camper before

☐ I was a Cadet before

NAME OF CHILD: \_\_\_\_\_  
FIRST MI LAST

\_\_\_\_\_  
NICKNAME GENDER AGE DATE OF BIRTH

\_\_\_\_\_  
STREET ADDRESS TOWN/CITY

\_\_\_\_\_  
STATE ZIP CODE HOME PHONE

EMAIL ADDRESS (Optional but helpful)

T-SHIRT SIZE: Youth M (10-12) \_\_\_\_\_ Youth L (14-16) \_\_\_\_\_ Youth XL (18-20) \_\_\_\_\_

ADULT SIZE: S \_\_\_\_\_ M \_\_\_\_\_ L \_\_\_\_\_ XL \_\_\_\_\_  
34-36 38-40 42-44 46-48

Brothers and/or Sisters that plan to be attending camp

Brother/Sister: \_\_\_\_\_  
NAME AGE CAMPER / DAYCAMPER / CADET

Brother/Sister: \_\_\_\_\_  
NAME AGE CAMPER / DAYCAMPER / CADET

Brother/Sister: \_\_\_\_\_  
NAME AGE CAMPER / DAYCAMPER / CADET

## CAMPER'S HEALTH INFORMATION

Is the child in good health? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your child have any special dietary needs: \_\_\_\_\_

Does the child suffer from any allergies, require any medications, or suffer from any medical or emotional conditions? Yes \_\_\_\_\_ No \_\_\_\_\_

If YES, please explain and list medications: \_\_\_\_\_  
\_\_\_\_\_

Does child have any disabilities? Yes \_\_\_\_\_ No \_\_\_\_\_

If YES, please explain: \_\_\_\_\_  
\_\_\_\_\_

Name, address and telephone number of physician: \_\_\_\_\_  
\_\_\_\_\_

Has your child experienced staying overnight away from home in the past? Yes ☐ No ☐

Will your child need transportation to/from Bog Brook? NO ☐ - TO CAMP ☐ - FROM CAMP ☐

If yes, circle the closest location to you: **BANGOR AUGUSTA**

A physical will be required for all children accepted to Camp. Forms will be included in Welcome Packet and will be required to be returned not later than 1 July 2006. You will have an opportunity to review medical information with medical personnel at In-processing. **Please do not bring your child to camp if he/she is sick or injured.**

PARENT'S NAME: \_\_\_\_\_  
FIRST LAST

GUARD MEMBER'S UNIT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
CITY STATE ZIP CODE

EMAIL ADDRESS(ES): \_\_\_\_\_

DAYTIME TELEPHONE: \_\_\_\_\_ EVENING TELEPHONE: \_\_\_\_\_

OTHER NUMBERS OF PARENT(S) OR GUARDIANS:

PAGER: \_\_\_\_\_ CELL TELEPHONE: \_\_\_\_\_ OTHER: \_\_\_\_\_

ADDITIONAL PERSON WHO COULD LOCATE YOU IN CASE OF EMERGENCY

NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

## PRESS INFORMATION

Newspapers to receive press release: City: \_\_\_\_\_ Name of Newspaper: \_\_\_\_\_

### PARENT/LEGAL GUARDIAN APPROVAL

I hereby voluntarily waive any claims against the Maine National Guard and the United States of America of any and all causes, which may arise in connection with the participation of this child in the Maine National Guard Youth Camp. I approve of my child's participation in all camp activities. (See attached tentative activities)

SIGNATURE OF PARENT/GUARDIAN

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

**The parent or legal guardian must sign the form**

**Return payment and application not later than 1 May 2006  
DVEM, Attn: Family Program, State House Station #33, Augusta, Maine 04333-0033**

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## HOLD HARMLESS AGREEMENT & MEDIA AUTHORIZATION

Participant's Name

\_\_\_\_\_  
(Last, First, M.I.)

I authorize my child to participate in the MENG Youth Camp, an event to be conducted in July 2006 at Bog Brook Training Area in Gilead, ME. I understand that participation is voluntary and that, while care and attention will be given to the health and safety of the participants, the Maine National Guard shall not be liable for injuries sustained by my child while participating in the training event. For purposes of this release, "Maine National Guard" shall include all Guard personnel, the State of Maine and the U.S. Government. I understand that participation in the event involves the risk of serious injury. I accept and assume sole responsibility and liability for my child for such risks.

I hereby authorize the Maine National Guard to secure such emergency medical advice and services as may be necessary for my child's health and safety and I agree to accept financial responsibility for such medical advice and services.

I understand that Maine news media may be invited to view, photograph or film portions of the event, and may interview attendees. My child's photograph, image, quote or voice may be published, copyrighted, or otherwise used in news presentation.

\_\_\_\_\_  
**(Printed name of parent)**

\_\_\_\_\_  
**(Signature of parent)**

Medical Conditions: No \_\_\_\_\_ Yes \_\_\_\_\_ (Please list on reverse side)

Allergies (Please list): \_\_\_\_\_

Medication Taking: None \_\_\_\_\_ Yes \_\_\_\_\_ (Please list on reverse side)

Emergency telephone number: \_\_\_\_\_

I wish to participate in MENG Youth Camp, a training event to be conducted on 9-15 & 23 – 29 July 2006 at Bog Brook Training Area in Gilead, ME. I understand that participation is voluntary and that, while care and attention will be given to the health and safety of the participants, the Maine National Guard shall not be liable for injuries sustained by me while participating in the training event. For purposes of this release, “Maine National Guard” shall include all Guard personnel, the State of Maine and the U.S. Government. I understand participation in the event involves the risk of serious injury. I accept and assume sole responsibility and liability for such risks.

I accept responsibility for my own actions during the training program, and understand that the Maine National Guard reserves the right to exclude me from any activity for reasons of safety.

I understand that Maine news media organizations may be invited to view, photograph or film portions of the training, and to interview attendees. My photograph, image, quote or voice may be published, copyrighted or otherwise used in news presentations.

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**(Signature of Participant)**

*This document must be signed by the Camper not the parent*

#### PRIVACY ACT STATEMENT

AUTHORITY: U.S.C. 301, 10 U.S.C. 8012 and EO 9397

PRINCIPAL PURPOSE: To prepare photographs for new stories written by military civilian news media reporters to recognize the achievements of participants, members of the Army and Air National Guard, and the Maine National Guard Family Program.

ROUTINE USE: Information may be disclosed to Maine National Guard and National Guard Bureau agencies plus bona fide civilian news media organizations. Once published information is considered public domain.

DISCLOSURE IS VOLUNTARY: Release of this nature are used, not only to recognize achievements of members, participants, and the Family Program but to act as a catalyst for enhancing public understanding of the military in general as a vital part of our free society.